Report to Rhode Island Department of Children, Youth and Families

ON

CITIZENS' REVIEW PANEL activities, 2003-2004

Submitted by Carole Jenny, MD, MBA
Chair of Citizens' Review Panel
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INTRODUCTION

The Rhode Island Citizens' Review Panel performed four primary functions during fiscal year 2003-2004. The first was to provide a multidisciplinary forum to review cases of suspected abuse and/or neglect reported to the Department of Children, Youth and Families (DCYF), the state agency responsible for investigating such cases. The second was to offer assessment of cases regarding improvement of systems issues. The third was to provide a venue for Panel members to present cases to DCYF personnel to determine if agency referral was indicated by law or by the child's best interests. The fourth was to make recommendations regarding possible revisions to DCYF's operational definition of emotional abuse.

ACTIVITIES OF THE MULTIDISCIPLINARY CASE REVIEW GROUP

Community members from a wide variety of disciplines met on a weekly basis to discuss cases in which abuse and/or neglect had been reported to DCYF. The group also presented cases in which abuse and/or neglect remained undetermined, requiring further input and recommendations from panel members. Core group members included the following:

- Administrators and supervisors for DCYF's Child Protective Investigators
- Hasbro Children's Hospital personnel, including representatives from the Child Protection Program, Clinical Social Work Department, Nutrition Department, Child Life Department, Nursing staff, Pediatric Intensive Care Unit, Department of Child and Family Psychiatry, and Emergency Department
- Representatives from the Rhode Island Attorney General's Office
- Representatives from law enforcement, including the Youth Services Bureau of the Providence Police Department
- Representatives from the Rhode Island Children's Advocacy Center and the Sexual Assault and Trauma Resource Center (SATRC)

For particularly complex cases requiring further input, outreach to other community participants was conducted to elicit additional expert opinions. Those who were invited for comment on a case-by-case basis included the following:

- DCYF investigators and social workers
- Representatives from local and/or state police agencies
- Emergency medical technicians from statewide community rescue services
- School personnel
- Personnel from visiting nurse agencies
- Representatives from Early Intervention Programs
- Representatives of various community housing authorities
- Community pediatricians
- Physician sub-specialists, i.e., surgical sub-specialists, radiologists
- Nursing staff from other hospitals
- Staff from various chronic care institutions for children

In fiscal year 2003-2004, the Citizen Review Panel met 49 times and reviewed a total of 528 cases, averaging just under 12 cases per meeting. Cases reviewed by the group fell into the following categories:

Sexual Abuse	293
Physical Abuse	99
Child Neglect	56
Emotional Abuse	21
Failure to Thrive	17
Accidental Injury	39
Munchausen by Proxy	3

Reviews begin with a presentation by the Child Protection Program staff who examined the patient and/or interviewed the patient and his/her family. After the case presentation, representatives from each relevant discipline involved in the case present additional information they have obtained during the course of their interactions with the patient and family. The entire Panel then discusses further material that may be needed to complete an investigation, assess the degree of safety risk to the child, and/or determine available resources to help the child and family. At the end of each case discussion, the Panel makes specific recommendations regarding disposition, including placement issues, counseling referrals, and possible prosecutorial follow-up. Information on each case is recorded and maintained as part of the Citizens' Review Panel record.

Cases in which there are ongoing issues of concern are frequently reviewed at subsequent meetings to ensure that case plans are being implemented. As part of the Panel's continued efforts to improve case follow-up via community outreach, the Panel is currently working with DCYF administrators to have the supervisor of the agency's Family Services Unit regularly attend meetings as a core group member.

The review team's process, in which core group members are joined by relevant community participants on a case-by-case basis, allows multiple disciplines throughout the state to have input into the DCYF decision-making process. DCYF personnel have repeatedly stated that the information they receive from community leaders who were invited for comment is critically important in helping them exercise their responsibility to ensure the health and welfare of children at risk.

COORDINATED ASSESSMENT AND IMPROVEMENT OF SYSTEMS ISSUES

Child abuse reporting statutes in Rhode Island state that a report to DCYF is "mandated if you have cause to know or suspect that the child is being abused or neglected." (RI General Laws 40-11-3) This somewhat broad legal definition can frequently leave practitioners and investigators with a degree of ambiguity. Does "suspected" involve any case in which possible abuse or neglect is included in the differential diagnosis of a child, i.e., a child with alleged "sexualized" behaviors who has made no disclosure of abuse and whose parents are involved in custody proceedings? Does "suspected" involve any case in which other health care professionals are concerned about a child's behavior? Should the practitioner be reasonably sure that abuse or neglect has occurred before involving DCYF in an investigation?

The Citizens' Review Panel provides a forum for representatives of multiple disciplines to discuss such issues and receive feedback regarding ambiguous cases. Several such cases have been brought before the Panel for review during the past fiscal year. Some examples:

- The mother of a 2 ½ year old female brought the child to the Child Protection Program clinic because the patient had been experiencing several yeast infections over the previous six months. Mother claimed the patient developed yeast infections after visiting her father, from whom mother is separated. Mother said she believed the patient's yeast infections were the result of sexual abuse by the father. Mother also said the patient had once said "daddy hurts you," which mother said actually meant, "daddy hurts ME." Based on the patient's multiple yeast infections, mother had refused to allow the father his scheduled visitation with the patient. Mother also noted that the father had tried to obtain physical custody of the patient one year earlier, and that she had fought father's attempts to obtain custody.

  Upon further questioning of mother, it was learned that the patient had suffered several ear infections during the previous months, for which the patient had been treated with antibiotics. The CPP examining physician explained to mother that yeast infections are not a specific indicator for sexual abuse, and that antibiotics are a frequent cause for yeast infections in children. Mother continued to state that she believed the yeast infections were a result of possible sexual abuse by the patient's father. Mother also said the patient returned home from visits to father with dirty diapers and in generally poor hygiene. The patient's physical examination did yield

labial adhesions that could be consistent with inadequate hygiene. Given non-specific physical findings, a vague statement from the patient subject to interpretation, and the parents' disputes over custody of the patient, should this case be reported?

- The mother of a five-year-old female brought the girl to the Child Protection Program clinic because an emergency services counselor for the patient's family said the patient was "touching herself a lot." Mother said the counselor had indicated that the patient's touching "could be a red flag" for sexual abuse. The mother said the patient had also complained of her vagina being "itchy." Mother said the patient had made no disclosure of abuse, and said the patient had no "other" sexualized behaviors.

  Mother did state that the patient's grandfather, who lives with mother and the patient, allows the patient to see him naked while he is washing up in the bathroom. Mother said she has told the grandfather to stop allowing the patient in the bathroom with him while he is undressed, but she said he has responded that "there is nothing wrong with it."

  The patient's exam was normal except for some mild redness. The CPP examining physician stated that the redness was probably secondary to poor hygiene leading to vulvovaginitis, which can cause itching and pain with urination. The physician concluded that the patient "touching herself" was probably due to a combination of discomfort from the vulgovaginitis as well as self-exploration normal for a child in the patient's age group.

  Another professional, however, had expressed concern that the patient's behavior was a possible "red flag" for abuse. Mother also had described inappropriate boundaries in the home. Should this case be reported?

- The mother of a four-year-old female brought the child for a Child Protection Program clinic evaluation because of "changes" in the patient's behavior during the previous month. Mother said the patient would not get into the bathtub, would not let mother clean her vaginal area, and "touches her privates." Mother also said the patient's vagina was sometimes red. The patient had made no disclosures of sexual abuse. Her physical exam was normal.

  Mother said that the patient's father has physical custody of the patient, and said the patient visits mother on weekends. Mother said that father was granted court-ordered custody of the patient one year ago. Mother said father's sister (the patient's paternal aunt) recently moved into the father's home and was sharing a bed with the patient. Mother said the aunt had a history of sexual abuse involving her brothers—including the patient's father—several years ago. Despite mother's issues regarding the patient's behavior and the patient's aunt, she said she had not discussed her concerns with the patient's father. Should this case be reported?

The Panel reviewed "sexualized behavior" cases in which there was significant ambiguity about reporting on almost a weekly basis. Panel members discussed each case in question, and the group's decisions were frequently used to inform policies and/or practices. In case number one, for example, the Panel determined that there was insufficient cause to suspect possible sexual abuse of the patient. The Panel, however, was concerned about the hygiene provided to the patient given the physical findings of

her exam. The decision was made to recommend a full investigation of the suitability of father's home and to refer father for parenting classes before unsupervised visits with the patient could be resumed. In case number two, the Panel determined that there was no cause to suspect sexual abuse of the patient, and the case was not referred for investigation. Mother, however, was advised to work with her emergency services counselor on establishing appropriate boundaries for the patient while adults are using the bathroom, i.e., not allowing the grandfather to be in the bathroom alone with the patient. In case number three, the Panel expressed concerns that while the patient's behavioral changes were non-specific, the timing of the changes was troubling in that they coincided with the aunt's move into father's home. As such, the Panel determined that the case should be reported for investigation.

DEFINING EMOTIONAL ABUSE/RECOMMENDATIONS

The Citizens" Review Panel reviewed 21 cases this year in which there were concerns about emotional abuse. Such cases have typically prompted significant debate about both legal and operational definitions of emotional abuse. In fact, Rhode Island General Law (40-11-2) does not include the phrase "emotional abuse" in its definitions of child abuse, and instead lists "mental injury" as a form of child maltreatment. The legal definition reads as follows: "Mental injury includes a state of substantially diminished psychological or intellectual functioning…clearly attributable to the unwillingness or inability of the parent or other person responsible for the child's welfare to exercise a minimum degree of care toward the child." In line with the state's definition, DCYF's operational definition for emotional abuse reads: "Impairment to the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior…the child's condition must be directly attributable to a direct act by the caretaker." Both definitions leave child protection professionals in the dubious position of waiting for emotional and/or intellectual impairment to occur, rather than addressing troubling caretaker behaviors *before* the child is impaired to the point of dysfunction.

The following case represents one of several the Panel has reviewed in which the child's emotional welfare has been the predominant presenting concern:

Nine-year-old twin girls were brought to the Child Protection Program for an evaluation secondary to concerns that father is physically and emotionally violent with the girls. Mother and father are divorced, and the girls have weekend visitation with father. While the girls' mother said that both children are doing well behaviorally and academically, she expressed concerns about the environment in which the children live when they visit father. During the children's interview with CPP staff, one of the girls reported that father had recently become angry with her when she attempted to tell him how to assemble a toy, then picked her up by her arm, carried her to the bedroom, and threw her on the bed. The other girl said that father had once pulled her by the arm and dragged her from the top bunk of her bed because he was angry with her. Both girls said father yells at them frequently, and hits them or threatens to hit them frequently. The girls said they are afraid of their father and described him as "scary" when he is angry. The girls also said that they "worry" when they are at father's house because "you never know when he's going to get angry." The girls cried throughout the interview, and both said they no longer wanted to visit father's house unless he "gets help." Both girls also said that if

they had the opportunity to talk with a judge, they would tell the judge that they did not want to return to father's house "until he stops getting angry."

The examining physician filed a Physician's Report of Examination (PRE) stating, "we are concerned about the explosive nature of this father's outbursts of violence and its unpredictability, as well as the emotional abuse that it is inflicting upon this child and her sister." The Panel also discussed the case at a subsequent meeting and expressed deep concerns about the advisability of continued unsupervised visits given the potentially detrimental impact of father's behavior on the girls' emotional welfare. While the case ultimately was indicated for *physical* abuse, the investigator assigned to the case concluded that father's behavior "did not rise to the level of emotional abuse" per DCYF's operational definition. Given the current definition, it appeared no other conclusion could be reached, since neither girl had begun to exhibit "a substantial reduction in ability to function within a normal range of performance and behavior." In effect, the investigator could not *proactively* indicate the case regarding psychological maltreatment because she was limited by an essentially *reactive* definition of emotional abuse.

The Panel recognizes that difficulties with legal and operational definitions of emotional abuse are not unique to Rhode Island. As noted in the APSAC (American Professional Society on the Abuse of Children) Handbook on Child Maltreatment (1996), "psychological maltreatment has been given relatively little serious attention in the past two decades of state and national concern for child abuse and neglect. There are many reasons for this, including problems of inadequate definitions…and the difficulty of clarifying the cumulated impact of psychological maltreatment." The Handbook notes, however, that emotional abuse is embedded in all other forms of child maltreatment, and that it is "the strongest influencer and best predictor of the developmental outcomes of other forms of child abuse and neglect." As such, establishing operational definitions that are broad enough to include both *current* psychological impairment as well as *strongly predictable* impairment based on research into the sequelae of emotional abuse appears paramount.

Children who are emotionally abused by adult caregivers frequently do not manifest immediate psychological dysfunction. As noted by the International Conference on Psychological Abuse of Children and Youth (Proceedings, 1983), psychological maltreatment "damages immediately *or* ***ultimately*** the behavioral, cognitive, affective, or physical functioning of the child." Children with even a fair amount of resilience may endure long-term emotional abuse while maintaining adequate social and academic capacities. The absence of psychological manifestations in a child disclosing a violent or frightening environment does not mean that emotional abuse has not occurred—any more than the absence of physical symptoms in a child alleging sexual abuse means sexual abuse has not occurred. Psychological dysfunction secondary to emotional abuse can take years to emerge, with only slight cues along the way that the child's apparent well-being is becoming increasingly fragile. It is those cues, however, that provide the opportunity to *prevent* the child from developing more extreme maladaptive behaviors resulting in intellectual and psychological impairment. If operational definitions of emotional abuse exclude those cues in favor of overt dysfunction, the child protection system can only provide *reactive* interventions after severe damage has already occurred. Not only is such a response inadequate for the child, it also has a poorer prognosis than intervening when a child's coping mechanisms are still relatively intact.

The APSAC Handbook on Child Maltreatment notes that "recent research has produced the most advanced developmental stage of work toward operational definitions. The following five categories…have been articulated: spurning, terrorizing, isolating, exploiting/corrupting, and denying emotional responsiveness." (Hart, SN., & Brassard, M.R. 1991. Psychological maltreatment: Progress achieved. *Development and Psychopathology, 3*, 61-70) The Handbook's authors state that the categories "represent the accumulation of research and perspectives of leaders in this field and are recommended for application in efforts to advance the state of knowledge and practice." Of note in the clarifying definitional information regarding the category of terrorizing is the following description: "placing a child in *unpredictable* or chaotic circumstances, *threatening* or perpetrating violence against the child, and *threatening* or perpetrating violence against a child's loved ones." Under the APSAC-advocated description of terrorizing, the case reviewed above clearly meets the criteria to be categorized as emotional abuse. Both girls described being scared and worried at father's house because of the *unpredictability* of his outbursts, (i.e., "you never know when he's going to get angry"), both girls described being *victims of violence* perpetrated by father, both girls described being *threatened* with violence, and both girls described witnessing *violence perpetrated by father against a loved one*, (i.e., one another). While it is true that the girls were reported to be functioning well both behaviorally and academically, the girls also cried throughout the interview, said they are "nervous" while at father's, and indicated their level of emotional distress was so severe they were too afraid to visit father unless he "gets help." Sadness, anxiety, and fear are three "cues" the girls provided that their apparent resilience may have begun to develop some cracks along the way. Given the limitations of the current operational definition of emotional abuse, those "cracks" may have been left to deepen because they do not yet meet the criteria for intellectual or psychological impairment.

The Panel recognizes that DCYF's operational definitions for emotional abuse are linked to the state's legal definition of "mental injury." The Panel also recognizes that legal definitions must often, by prosecutorial necessity, have a relatively narrow focus on the more severe aspects of psychological maltreatment. The Panel recommends, however, that discussions be initiated to determine if the scope of DCYF's current operational definition of emotional abuse can be expanded to one with a broader and more preventive focus.

RECOMMENDATIONS

In light of the above, the Citizens' Review Panel makes the following recommendations to DCYF:

1. The Citizens' Review Panel's multidisciplinary forum is a highly useful venue and should be continued. DCYF personnel have found the process to be extremely helpful, and care-providers for children in the community have appreciated the greater access that the forum's outreach provides to DCYF. The process has facilitated communication among multiple disciplines throughout the community serving children at risk.

2. DCYF and Panel representatives should engage in discussions regarding current operational definitions of emotional abuse to determine if revisions that allow a more comprehensive and preventive focus can and should be instituted.

As in every year since the inception of the Citizens' Review Panel, we remain highly impressed with DCYF's willingness to collaborate with the community and to work with the Panel. DCYF staff have been open and receptive with community leaders, and DCYF continues to work with the Citizens' Review Panel to provide a coordinated response to children in need.

Carole Jenny, MD, MBA
Professor of Pediatrics
Brown Medical School
Chair, Citizens' Review Board